

OCT 31 2006

Atty Docket No. 019633-000128US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Sheridan Swope

Group Art Unit 1656

OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER Sheridan Swope

CERTIFICATION OF FACSIMILE TRANSMISSION

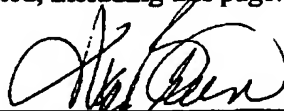
I hereby certify that the following documents in re Application of GILBERT and WAKARCHUK, Application No. 10/821,573, filed April 8, 2004 for SIALYLTRANSFERASES FROM C. JEJUNI are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Fee Transmittal for FY 2006
2. Supplemental Response and Terminal Disclaimer Submission
3. Preliminary Amendment

Number of pages being transmitted, including this page: 6

Dated: October 31, 2006


Mary Green

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2813

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PTO/SB/17 (07-06)

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618). FEE TRANSMITTAL For FY 2006		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/821,573
TOTAL AMOUNT OF PAYMENT (\$) 130		Filing Date	April 8, 2004
		First Named Inventor	Gilbert, Michel
		Examiner Name	Sheridan Swope
		Art Unit	1656
		Attorney Docket No.	019633-000128US

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METHOD OF PAYMENT (check all that apply)

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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims Extra Claims Fee (\$) Fee Paid (\$)

-20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

-3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

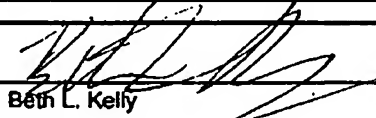
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

	Fee Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): Terminal Disclaimer	130

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	51,868
Name (Print/Type)	Beth L. Kelly	Telephone	415-576-0200
		Date	October 31, 2006

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